DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 10013502-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a

patent is sought on the				
SYSTEM AND METHO	D FOR TRANSFORMING O	PERATING SYSTEM	AUDIT DATA	TO A DESIRE
FORMAT				
the specification of wh	ich is attached hereto unless	the following box is ch	necked:	
() was filed on Number	as US Appl and was amended on	lication Serial No. or P	CT Internationa applicable).	I Application
including the claims, a	ave reviewed and understoo s amended by any amendme which is material to patentab	ent(s) referred to abov	ve. I acknowle	ied specification edge the duty t

Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

	COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
M				YES: NO:
2				YES: NO:
O	Provisional Application			

Provisional Application

THE POST 100

-Bade ij. E.

O

I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed 17 below:

APPLICATION SERIAL NUMBER	FILING DATE

Ü U. S. Priority Claim

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION SERIAL NUMBER	FILING DATE	STATUS (patented/pending/abandoned)

POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Customer Number	022879	Place Customer Number Bar Code Label here

Send Correspondence to: HEWLETT-PACKARD COMPANY Intellectual Property Administration P.O. Box 272400 Fort Collins, Colorado 80527-2400 Direct Telephone Calls To:

L.Joy Griebenow (970) 898-3884

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor:	Joubert Berger	Citizenship:	Germany	
Residence:	995 Courtenay Drive, Atlanta, GA 3030	06		
Post Office Address:	995 Courtenay Drive, Atlanta, GA 3030)6		
Tost office Address.				Т

Inventor's Signature

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 10013502-1

Full Name of # 2 joint inventor:	Scott A. Leerssen	Citizenship: U.S.A.
Residence:	280 River Valley Road, Atlanta, GA 3032	8
Post Office Address:	280 River Valley Road, Atlanta, GA 3032	8
Inventor's Signature	Date	
		Citizenship:
Residence:		
Post Office Address:		
Inventor's Signature	Date	
Full Name of # 4 joint inventor:		Citizenship:
Residence:		
Post Office Address:		
<u> </u>		
Inventor's Signature	Date	
Full Name of # 5 joint inventor:		Citizenship:
Residence:		
Post Office Address:		
Inventor's Signature	Date	
Full Name of # 6 joint inventor:		Citizenship:
Residence:		
Post Office Address:		
Inventor's Signature	Date	
Full Name of # 7 joint inventor	:	Citizenship:
Residence:		
Post Office Address:		
Inventor's Signature	Date	
	Date	
Full Name of # 8 joint inventor	:	Citizenship:
Residence:		
Post Office Address:		
Inventor's Signature	Date	

DESCRIPT TEROPE